



THE STATE  
of **ALASKA**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

**MAR**

FOR DIVISION USE ONLY

**Board of Marine Pilots**

PO Box 110806, Juneau, AK 99811

Website: [ProfessionalLicense.Alaska.Gov/BoardOfMarinePilots](https://ProfessionalLicense.Alaska.Gov/BoardOfMarinePilots)

## Registered Vessel Agent Renewal Application

### Renewal Application (January 1, 2025 – December 31, 2026)

- Your registration lapses after December 31, 2024. There is no grace period — it is illegal to work if your registration has lapsed.
- Faxed or emailed applications will not be accepted.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a 4–6-week processing time for correct and complete renewal applications.
- Once the renewal is processed, your registration certificate will be available for printing via the MY LICENSE self-service portal.

#### **PART I** Payment of Fees

<b>Renewal Fees:</b>	<input type="checkbox"/> Biennial Registration Renewal (For registrations first issued on or before December 31, 2023)	<b>\$500.00</b>
	<input type="checkbox"/> Prorated Registration Renewal (For registrations first issued on or after January 1, 2024)	<b>\$250.00</b>

#### **PART II** Personal Information

<b>Alaska Registration Number:</b>			
<b>Name of Registered Vessel Agent:</b>	If the vessel agent is a business, enter the business name.		
<b>Mailing Address:</b> Address change: <input type="checkbox"/>	P.O. Box or Street	City	State Zip
<b>Contact Phone:</b>		<b>Date of Birth:</b>	
<b>EMAIL AGREEMENT:</b> By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.			
<b>Email Address:</b>		<b>Select One:</b>	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<b>Note: If both boxes are selected above, you will receive correspondence electronically.</b>			

### PART III Ownership Information

Provide the name and address of each representative who will act on behalf of the entity for the purpose of obtaining pilotage service and provide U.S. Social Security Numbers for sole proprietor or partners.

Please complete the appropriate table below according to your business ownership type. Attach additional pages as necessary.

☐ Sole Proprietorship   ☐ Partnership (LLP, LP)   ☐ Corporation   ☐ Non-Profit   ☐ Other: \_\_\_\_\_

Alaska Entity Number:			
Full Name	Address	Social Security Number*	Date of Birth*

*\*Sole proprietorship and partners only. AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.*

### PART IV Alaska Law

☐ I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.62 and 12 AAC 56).



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## Signature Page

**Applicant Name:**

### **PART V** Agreement

I hereby certify I am the person herein named and subscribing to this application. I further certify I have read the complete application, and I know the full content thereof. I declare all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, registration, certificate, or permit to practice in the state of Alaska.

I further understand it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

**Applicant Signature:**

**Date Signed:**

## General Information

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### **APPLICATION PROCESSING:**

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the registration will be issued and sent to you. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

### **REGISTRATION TERM:**

Registrations are issued for a two-year period and expire on December 31 of even-numbered years, regardless of the date of issuance, except registrations issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 30 days before registration expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a registrant from the responsibility of renewing a registration on time.

### **ADDRESS OR NAME CHANGE:**

In accordance with 12 AAC 02.900, it is the registrant's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the registration must be your current legal name.

### **SOCIAL SECURITY NUMBERS:**

AS 08.01.100 requires a U.S. Social Security Number be on file with the division before a professional registration is renewed. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form located at *ProfessionalLicense.Alaska.Gov*.

### **PUBLIC INFORMATION:**

Please be aware that all information on the application form will be available as a public record, unless required to be kept confidential by state or federal law.

### **ABANDONED APPLICATIONS:**

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial registration and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

### **PAYMENT OF CHILD SUPPORT:**

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

### **STATUTES AND REGULATIONS:**

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*. To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: *RegulationsAndPublicComment@Alaska.Gov*.



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Phone: (907) 465-2550

## Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee:			
Profession Type (e.g., Acupuncture):		License Number (if applicable):	
I wish to make payment by credit card for the following (check all that apply):			AMOUNT
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
TOTAL:			

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

### CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.

1. Credit Card Number:		All 3 fields MUST be completed.  This section will be destroyed after the payment is processed.
2. Expiration Date:		
3. Security Code:		